Synopsis

A STUDY ON CRISIS INTERVENTION AND COPING SKILLS AMONG PEOPLE LIVING WITH HIV/AIDS IN VISAKHAPATNAM

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Introduction

Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome (HIV/AIDS) attacks certain disease-fighting cells within the body until the afflicted individual becomes immune deficient. Immunodeficiency is the most severe state of infection and is known as Acquired Immunodeficiency Syndrome (AIDS)**.** Upon contracting AIDS, the victim becomes susceptible to potentially fatal diseases that his/her body could otherwise defend against.

Transmission of HIV occurs via four bodily fluids, they are semen, vaginal fluid, blood, and breast milk. The disease is spread most commonly through sexual intercourse and by the introduction of infected blood into another person through shared needles or syringes. Mothers who have HIV may spread the virus to their children during pregnancy, birth, or breast-feeding.

Hence, crisis is one of the factors which cause to spread HIV virus among people. During a crisis, the effects of poverty, powerlessness and social instability are intensified, increasing people's vulnerability to HIV/AIDS. As the emergency and the epidemic simultaneously progress, fragmentation of families and communities occurs, threatening stable relationships. The social norms regulating behaviour are often weakened. In such circumstances, women and children are at increased risk of violence, and can be forced into having sex to gain access to basic needs such as food, water or even security. Displacement may bring populations, each with different HIV/AIDS prevalence levels, into contact.

HIV/AIDS stigma and discrimination exist worldwide, although they manifest themselves differently across countries, communities, religious groups, and individuals. They occur alongside other forms of stigma and discrimination, such as Gender, Religion, Community stigma based on physical appearance, homophobia or misogyny and can be directed towards those involved in what are considered socially unacceptable activities such as prostitution or drug use. Stigma remains the single most important barrier to public action. It is a main reason why too many people are afraid to see a doctor to determine whether they have the disease, or to seek treatment if so. It helps make AIDS the silent killer, because people fear the social disgrace of speaking about it, or taking easily available precautions. Stigma is a chief reason why the AIDS epidemic continues to devastate societies around the world.

Need and significance of study

Ignoring the fact that the ratio of infected men versus women 3:1 (NACO, 2010), most of the literature in India is biased towards women. Though most of the HIV/AIDS infected women are monogamous, they got the infection from their non-monogamous husbands. It is obvious in HIV/AIDS literature of ‘women as innocent victims’ versus ‘men to blame’. It is essential to study in a holistic manner, the gender sensitive approach towards both men and women. As a large group of HIV/AIDS infection includes monogamous women, marriage became a threat for men. The rates of infection are dramatically higher for the sex workers, for women in STD clinics as compared to women in ante-natal clinics that identify marriage as the determinant of HIV/AIDS transmission is clearly not valid. The correlation between the proportion of adult men and women who are in monogamous relationship in any society and the

levels of HIV/AIDS infection is not examined. Many cases are registering every day in the ART centers in Visakhapatnam city for the treatment of HIV/AIDS. Therefore, it is necessity to study on crisis intervention and coping skills among people living with HIV/AIDS for the benefit of the society as a whole. In this connection the present study has considered Visakhapatnam city as study area by the investigator for her research. This study can provide information that is useful for developing interventions on crisis and improve the awareness on the HIV/AIDS control programmes. Further, this study has been used to understand health-seeking behavior related to HIV/AIDS care, stigma and coping skills to reduce HIV/AIDS related risk behaviors of PLHS. The following objectives framed for the present study.

Objectives of the study

1. To study the socio economic profile of HIV/AIDS patients
2. To study the knowledge level of respondents about HIV/AIDS
3. To understand the reasons for getting HIV/AIDS disease
4. To study the stigma and discrimination observed by the respondents
5. To study the support of Government and NGOs towards the patients of HIV/AIDS and their rehabilitation
6. To analyse the crisis management of HIV/AIDS patients

Hypothesis of the study

1. There is no significant difference among respondents by their gender, education, occupation and caste groups in their knowledge levels on HIV infection.

2. There is no significant difference among respondents by their gender, education, occupation and caste groups in overcome of stigma of HIV infection.
3. There is no significant difference among respondents by their gender, education, occupation and caste groups in management of crisis situation of HIV infection.

Research methodology

The random survey method of research technique was adopted for the data collection. The population of the study comprised of both male and female HIV/AIDS patients who were presently taking treatment with Government ART center in the KGH of Visakhapatnam city. Altogether 300 sample respondents were participated for the study, which are randomly selected from each of the strata. Finally the data was limited to 290 HIV infected patients. The data was collected with the help of a pre-designed questionnaire, and it was constructed based on knowledge and awareness of HIV/AIDS patients along with demographic profile. The questionnaire also contains statements relating to diagnosis, stigma and discrimination of the patients in the society and finally statements consist with crisis management of HIV/AIDS patients. The sample size for the current study consisted with 290 respondents getting treatment at ART center, Visakhapatnam in all stages of People Living with HIV/AIDS (PLWHA).

Statistical analysis

The statistical analysis included descriptive and analytic procedures. For analytical purposes, frequency and cross tables were designed on socio-demographic, identification, diagnosis and clinical characteristics, stigma and discrimination, and crisis

management. The statistical program called SPSS-15.0 was used for data processing and analysis and chi-square tests were conducted to test the hypotheses.

Major Findings

1. The study revealed that most of the spouses of married men and women HIV/AIDS patients are possessing positive status of HIV, where, spouses of female shows more positive status than male patients, and more than sixty percent of HIV/AIDS effected clients are staying with their families.

2. The occupational status of the sample respondents indicates that majority group of HIV/AIDS patients are daily wage labours, employees under public and private sector organizations. The housewives' number in the total HIV/AIDS patients' ratio also at significant, and the income status shows that majority group of HIV/AIDS patients are earning below 5 thousand rupees and between 5-10 thousand rupees per month.

3. According to the response of sample majority of the HIV/AIDS patients have known their HIV status through their sickness and health condition of their spouse, and it has concluded that most of the male have infected the disease through unsafe sexual participation but in the case of female more than seventy percent are infected through spouse.

4. The data reveals that most of the respondents' family members knew about the HIV status of the infected people, the family members or persons, who know about the HIV status of respondents, showed their responsibility towards the

female patients, but in the case of male patients, majority are shocked, abused, ostracized, showed understanding and finally tried to help. Regarding the reaction of in-laws family, majority of widows beaten by their in-law family members and majority of widowers scolded by their in-laws' family members.

5. A significant number of respondents (both from male and female HIV infected patients) want to get marry for psychological support and family security, but a dominated group of respondents don't want to marry.

6. Even though the HIV infected patients getting treatment at ART centre they are having problems like general weakness (cough, fever, etc) joint pains and most of female patients are having oral infections.

7. Because of their disease, majority of the HIV infected patients have prone to abuse in all areas in the society and they are discriminated at other family members.

8. A significant of number of male and female respondents avoids health service due to some incidences and reasons to keep confidence of disease, lack of support from family members, friends and other relatives, and because of stigma.

9. Most of the male and female infected patients having knowledge that unprotected sex is the main reason for transmission of HIV/AIDS from one person to other. This knowledge gained by them through their friends and neighbours. Still they got infection due to ignorance in controlling of the disease. But majority of male respondents are having knowledge on proper usage and dispose of condom when compared with female.

10. More than ninety percent of the male respondents agreed that they have extra marital affairs but less number of females accepted that they have extra marital affairs. The males are having extra marital affair due to habits, migration, absence of wife, joint family and journey is also one of the reason for having extra marital affair, whereas, majority of female who are having extra marital affair due to habits and migration. And the duration of extra marital affairs contained by male and female respondents depends on their living conditions and performing activities.

11. The study noticed that majority of male HIV infected patients are having habit of consume alcohol and at that time they participated in sexual intercourse. Sometimes they used condom at participate in sexual intercourse, while they are in drunken stage.

12. Most of the male and female respondents have doubted about infection of HIV because of sickness and unprotected sexual participation, so they went ICTC for the testing of HIV. The role of NGOs in taking HIV infected people for testing found more at male than female.

13. Majority of the respondents both from male and female HIV infected patients shocked, cried and felt very sad at the time of diagnosed and found infection, and they have received counseling and medical care at the ART centres, where the infected persons have a good receiving by the person at ART.

14. It can be revealed from the response of the male HIV infected respondents that they shared their problem with their friends at the first time, but in the case of

female respondents, majority have shared with their spouse about their problem. St that time most of people with whom the infected respondents have share the information about their disease, felt sad and cried at the infected patients but finally they gave their support.

15. The analysis of data infers that there is no change in the behavior or affection of family members, relative and friends of infected patients after they know about the situation but they faced stigma at relative, friends, family members, work place and also at neighbours. To manage stigma, majority of the HIV infected people change the profession and some are managed with family support. Still most of the male and female infected patients did not turned to drug adductors or alcoholic due to stigma or crisis.

16. With the response of HIV infected sample, it can be concluded that more than fifty percent (both from male and female infected patients) did not afraid of society/ family/ health due to their disease and they never committed suicide attempt due to stigma and discrimination. But among the persons who have committed suicide attempt, majority consumed sleeping pills / pesticides.

17. Most of the HIV infected are getting emotional support from the friends, positive network groups and counselors, so the family members did not face any stigma and discrimination from the others. Still more than forty percent families of the infected persons migrate to other place, and they never visit their neighbors' house / function.

18. According to the data, more than sixty percent of respondents are having school/ college going children, so most of them are facing discrimination and problems due to their HIV status. But almost all the respondents don't feel their children became a burden to them.

19. More than sixty percent of respondents are facing social problems but they don't have legal problems because they are supported by positive network groups.

20. Majority of HIV infected people (both from male and female) have been overcome the crisis situation and come out of depression mood through counseling, consult with network groups and support of friends and family members.

21. The ART center motivated the infected persons to use drugs, food practice, habitual practice, practice yoga by counselors. More than fifty percent of respondents said that they are availing government benefits and pension, but still they want family counseling support.

22. It can be conclude from the data and response of the HIV infected persons in the study that after getting treatment at ART centre, most of respondents have improved their health, physical strong and psychologically strength.

Conclusion

HIV/AIDS is a life-threatening illness that people are afraid of contracting. The various metaphors associated with AIDS have also contributed to the perception of HIV/AIDS as a disease that affects others, especially those who are already stigmatized

because of their sexual behavior, gender, race, or socioeconomic status, and have enabled some people to deny that they personally could be at risk or affected. HIV/AIDS-related stigma and discrimination is, therefore, the result of interaction between diverse pre-existing sources of stigma and discrimination and fear of contagion and disease. The pre-existing sources, such as those related to gender, sexuality, and class, often overlap and reinforce one another. This interaction has contributed to the deep-rooted nature of HIV/AIDS-related stigma and discrimination, limiting our ability to develop effective responses.

In Visakhapatnam, HIV/AIDS affects every segment of society. One of the main ways the disease is currently spreading is through sexual contact. A large majority of the public remains uneducated about HIV/AIDS and the ways it can be contracted with those living with HIV/AIDS do not know they are infected. Many believe they are in no danger of becoming infected and are therefore unaware that they can transmit the virus to others. Consequently, many infected individuals continue to have unprotected sex, perpetuating the spread of the HIV virus, and the transmission of the disease from mother to child is also a common method of contraction and as a result, many HIV/Aids survivors are children who are infected.

Most people were infected through illegal sex, drug use , contracted HIV/AIDS through men having sex with men (MSM). The reported HIV/AIDS cases among adults and adolescents in Visakhapatnam, the method of contraction was unknown or different from those listed in the ICTC art centers. Additional contraction methods include MSM/IDU, heterosexual contact, hemophiliacs or persons with other blood clotting

disorders, transfusions or transplant recipients, and pediatric risk. It is observed the speed at which the disease is spreading is higher than the speed at which the awareness is created among the public. It is a barrier in the minds of most of the people that this context cannot be spoken openly.

Suggestions

- Primarily the Government and NGOs and volunteers shall further come up with campaigns in order to inculcate the public about the factors and circumstances contributing to this disease thereby explaining them about the loss of most precious human life that is given by God.
- There is a need for ART programmes that are externally coordinated by a disease management service provider, Aid kits for AIDS survivors. Key indicators enable the people living with HIV/Aids to understand more clearly how well its service providers perform in getting services and clients to adhere to disease management programmes and implementing standards.